

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/831974

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		2					52						
4		1					53						
5		1					54						
6		1					55						
7		0					56						
8		0					57						
9		0					58						
10		0					59						
11		0					60						
12		1					61						
13		1					62						
14		0					63						
15		0					64						
16		0					65						
17		0					66						
18		1					67						
19		0					68						
20		0					69						
21		0					70						
22		0					71						
23		1					72						
24		1					73						
25		1					74						
26		2					75						
27		0					76						
28		0					77						
29		0					78						
30		0					79						
31		0					80						
32			1				81						
33				1			82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

Barbara Campbell
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